MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	Cancel			101	1			51						
2				102	1			52						
3				103				53						
4				104				54						
5				105				55						
6				106				56						
7				107				57						
8				108				58						
9				109	1			59						
10				110				60						
11				111				61						
12				112	1			62						
13				113	1			63						
14								64						
15								65						
16								66						
17								67						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		↲		↲		↲		TOTAL IND.	15	↲		↲		↲
TOTAL DEP.								TOTAL DEP.	9					
TOTAL CLAIMS								TOTAL CLAIMS	24					